

INVOLVED PROVIDER SCRIPTS

The below represent broad overviews of the recollection of each of the case witnesses/participants. If asked for more detail by small groups, the witnesses are able to ad-lib, but must remain consistent in their story between groups.

Triage Nurse (Tanya Zelaya):

Patient presented with a complaint of fatigue. Her vitals were stable at the time. It was a high volume day. Only hallway beds were available at the time and the patient didn't seem to need a cardiac monitor based on complaint and vital signs.

ER Tech (Paula Jones):

I did the triage EKG. The first EKG I did didn't look right but I thought it was related to the machine because I had been having trouble getting the leads to pick up all day. I repeated the EKG a little later and it looked better so I brought it to the attending to sign.

EM Resident (PGY-2) (Sean Sullivan):

I saw the patient in the hallway. She looked ok and the triage vitals were normal. She complained of feeling weak. Cardiac was somewhere lower down in my differential but I did order an EKG because I couldn't find one from the date of service in the chart. A little later, she complained of more dizziness and she looked pale and diaphoretic. I wheeled her to a monitored bed (which I had to take another patient out of), put her on the monitor and saw that she was bradycardic. The repeat EKG at that time showed a 3rd degree AVB. The attending asked me to put in an introducer and central line in. I've done two IJ's before on my SICU rotation and had watched a YouTube video on it recently, so felt comfortable and told her I could do it. It took me a few tries before I finally got a flash, but on the CXR we got to confirm placement, there was a pneumothorax. I understand that pneumothorax is a known complication so it's not entirely unexpected. We were so busy that I completely forgot to write a procedure note.

EM Attending (Lynn Lane):

Sean initially presented Ms. Jones to me at the bedside shortly after he saw her. She was mentating well and the set of vitals from triage were normal. We had an EKG which was normal sinus rhythm without any immediately concerning abnormalities. Shortly after we were called to the bedside because she looked worse. We put her on a monitor, found her to be bradycardic, and got a repeat EKG which showed complete heart block. I asked Sean if he was comfortable putting in an IJ and he said yes, so I left the room to go page the cardiologist and get the pacing wire and box from where it's stored in the trauma room. When I got back, he was already done with the line and x-ray was on its way. The XR wound up showing a pneumothorax so we put in a chest tube. At that point, the patient went back into a normal sinus rhythm, so cardiology put pacing pads on and took her right up to the CCU where they did the transvenous pacer themselves.

Cardiology Consult (John Fellow):

I was paged by the ED attending who told me she had an unstable patient in complete heart block. When I got to the ED, they were in the middle of putting in a chest tube for the iatrogenic pneumothorax but the patient looked to be in a normal sinus rhythm on the monitor. Since she was more stable and they were doing a procedure, I went to check her history and results on the computer and found an EKG that was done when she first arrived that showed 3rd degree block, and that was at least two hours before I was made aware of the patient. Once they were done with the chest tube and confirmed placement, I took the patient up to the CCU so we could do things the right way.